

INCIDENT/PROJECT ORDER NUMBER	RESOURCE ORDER			INITIAL DATE/TIME	2. INCIDENT/PROJECT NAME				3. INCIDENT/PROJECT ORDER NUMBER			4. OFFICE REFERENCE NUMBER			
	AIRCRAFT														
	5. DESCRIPTIVE LOCATION/RESPONSE AREA				6. SEC.	TWN	RNG	Base MDM	8. INCIDENT BASE/PHONE NUMBER			9. JURISDICTION/AGENCY			
					7. MAP REFERENCE										
	11. AIRCRAFT INFORMATION				LAT.				LONG.						
	BEARING	DISTANCE	BASE OR OMNI	AIR CONTACT	FREQUENCY	Ground Contact	FREQUENCY	RELOAD BASE	OTHER AIRCRAFT HAZARDS						
12. Request Number	Ordered Date/Time	From	QTY	RESOURCE REQUESTED	Needed	Deliver To	To	Time	Agency ID	RESOURCE ASSIGNED	ETD	RELEASED		Time	
		To			Date/Time		From				ETA	Date	To	ETA	
A-		team	1	Air Attack Aircraft for ATGS on OH order, twin engine pressurized							<input type="checkbox"/>			<input type="checkbox"/>	
		dsp									<input type="checkbox"/>			<input type="checkbox"/>	
A-		team	1	AM Air to Air frequency (Victor)							<input type="checkbox"/>			<input type="checkbox"/>	
		dsp									<input type="checkbox"/>			<input type="checkbox"/>	
A-		team	1	FM Air to Ground frequency							<input type="checkbox"/>			<input type="checkbox"/>	
		dsp									<input type="checkbox"/>			<input type="checkbox"/>	
A-		team	1	Temporary Flight Restriction (TFR)							<input type="checkbox"/>			<input type="checkbox"/>	
		dsp									<input type="checkbox"/>			<input type="checkbox"/>	
A-		team	1								<input type="checkbox"/>			<input type="checkbox"/>	
		dsp									<input type="checkbox"/>			<input type="checkbox"/>	
		team	1	Type III Helicopter – High Altitude							<input type="checkbox"/>			<input type="checkbox"/>	
		dsp									<input type="checkbox"/>			<input type="checkbox"/>	
		team	1	Type III Helicopter – High Altitude							<input type="checkbox"/>			<input type="checkbox"/>	
		dsp									<input type="checkbox"/>			<input type="checkbox"/>	
		team	1	Type III Helicopter module							<input type="checkbox"/>			<input type="checkbox"/>	
		dsp									<input type="checkbox"/>			<input type="checkbox"/>	
		team	1	Type III Helicopter module							<input type="checkbox"/>			<input type="checkbox"/>	
		dsp									<input type="checkbox"/>			<input type="checkbox"/>	
13. ORDER RELAYED		ACTION TAKEN			ORDER RELAYED		ACTION TAKEN								
Req. No.	Date	Time	To/From		Req. No.	Date	Time	To/From							

RESOURCE ORDER CREWS				INITIAL DATE/TIME	2. INCIDENT/PROJECT NAME				3. INCIDENT/PROJECT ORDER NUMBER				4. OFFICE REFERENCE NUMBER			
5. DESCRIPTIVE LOCATION/RESPONSE AREA					6. SEC.	TWN	RNG	Base MDM	8. INCIDENT BASE/PHONE NUMBER				9. JURISDICTION/AGENCY			
					7. MAP REFERENCE								10. ORDERING OFFICE			
11. AIRCRAFT INFORMATION					LAT.				LONG.							
BEARING		DISTANCE		BASE OR OMNI	AIR CONTACT		FREQUENCY		Ground Contact		FREQUENCY		RELOAD BASE	OTHER AIRCRAFT HAZARDS		
2. Request Number	Ordered Date/Time	From To	QTY	RESOURCE REQUESTED		Needed Date/Time	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED		ETD ETA	RELEASED Date To		Time ETA
1		Team dsp	1	Camp crew – 10-person . Include crew supervisor.			ICP									
2		Team dsp	1	Camp crew – 10-person . Include crew supervisor.			ICP									
			1	OR INSTEAD OF 2-10 person camp crews, 1 20 person crew as follows									<input type="checkbox"/>			<input type="checkbox"/>
													<input type="checkbox"/>			<input type="checkbox"/>
3		team dsp	1	* 20-person camp crew. Include crew supervisor, 1 crew boss and 2 squad leaders)			ICP						<input type="checkbox"/>			<input type="checkbox"/>
													<input type="checkbox"/>			<input type="checkbox"/>
4		Team dsp	1	Type 1 or Type 2 IA Crew w/transportation and tools.			ICP						<input type="checkbox"/>			<input type="checkbox"/>
5		team dsp	1	Type 1 or Type 2 IA Crew w/transportation and tools.			ICP						<input type="checkbox"/>			<input type="checkbox"/>
													<input type="checkbox"/>			<input type="checkbox"/>
6		team dsp	1	IHC Crew w/transportation and tools (will accept a trainee IHC crew)			ICP						<input type="checkbox"/>			<input type="checkbox"/>
													<input type="checkbox"/>			<input type="checkbox"/>
7		Team dsp	1	IHC Crew w/transportation and tools (will accept a trainee IHC crew)			ICP						<input type="checkbox"/>			<input type="checkbox"/>

RESOURCE ORDER				INITIAL DATE/TIME		2. INCIDENT/PROJECT NAME				3. INCIDENT/PROJECT ORDER NUMBER				4. OFFICE REFERENCE NUMBER							
ROSS EQUIPMENT																					
5. DESCRIPTIVE LOCATION/RESPONSE AREA						6. SEC.		TWN		RNG		Base MDM		8. INCIDENT BASE/PHONE NUMBER				9. JURISDICTION/AGENCY			
						7. MAP REFERENCE						10. ORDERING OFFICE									
11. AIRCRAFT INFORMATION						LAT.						LONG.									
BEARING		DISTANCE		BASE OR OMNI		AIR CONTACT		FREQUENCY		Ground Contact		FREQUENCY		RELOAD BASE		OTHER AIRCRAFT HAZARDS					

2. Request Number	Ordered Date/Time	From		QTY	RESOURCE REQUESTED	Needed		Deliver To	To		Time	Agency ID	RESOURCE ASSIGNED	ETD	RELEASED		Time	
		To				Date/Time			From	ETA				Date	To	ETA		
		team	1	NFES 4390 – ICS Radio starter system		ICP								<input type="checkbox"/>			<input type="checkbox"/>	
		dsp													<input type="checkbox"/>			<input type="checkbox"/>
		team	1	National caterer (150 people first meal)		ICP								<input type="checkbox"/>			<input type="checkbox"/>	
		dsp													<input type="checkbox"/>			<input type="checkbox"/>
		team	1	National Shower Unit		ICP								<input type="checkbox"/>			<input type="checkbox"/>	
		dsp													<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Type 1 Tactical Water Tender (with a minimum of 2 personnel)		ICP								<input type="checkbox"/>			<input type="checkbox"/>	
		dsp													<input type="checkbox"/>			<input type="checkbox"/>
		dsp													<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Type 3 Engines (4x4)		ICP								<input type="checkbox"/>			<input type="checkbox"/>	
		dsp													<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Type 3 Engines (4x4)		ICP								<input type="checkbox"/>			<input type="checkbox"/>	
		dsp													<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Type 6 Engines (4x4)		ICP								<input type="checkbox"/>			<input type="checkbox"/>	
		dsp													<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Type 6 Engines (4x4)		ICP								<input type="checkbox"/>			<input type="checkbox"/>	
		dsp													<input type="checkbox"/>			<input type="checkbox"/>
			1	Type 6 Engines (4x4)		ICP								<input type="checkbox"/>			<input type="checkbox"/>	
														<input type="checkbox"/>			<input type="checkbox"/>	

3. ORDER RELAYED				ACTION TAKEN	ORDER RELAYED				ACTION TAKEN
Req. No.	Date	Time	To/From		Req. No.	Date	Time	To/From	

RESOURCE ORDER EQUIPMENT				INITIAL DATE/TIME	2. INCIDENT/PROJECT NAME	3. INCIDENT/PROJECT ORDER NUMBER	4. OFFICE REFERENCE NUMBER							
2. Request Number	Ordered Date/ Time	From To	Q T Y	RESOURCE REQUESTED	Needed Date/Time	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED	ETD ETA	RELEASED Date To		Time ETA
		team dsp		(One of the following must meet the following requirements: minimum 20-slot collator, minimum 40 copies per minute, enlarge/reduce, duplex feature, copies 11 x 17 as well as 8 1/2 x 11, nice if holds more than one ream of paper, extra toner, 24 hour maintenance)							<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
		team dsp	1	Copy machine, w/daily maintenance, w/3 boxes paper (8.5 x 11), w/1 box paper (11 x 17), w/toner for 5000 copies, w/collator		ICP					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
		team dsp	1	Copy machine, w/daily maintenance, w/3 boxes paper (8.5 x 11), w/1 box paper (11 x 17), w/toner for 5000 copies, w/collator		ICP					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
				OR							<input type="checkbox"/>			<input type="checkbox"/>
		team dsp	1	24/7 onsite copy service		ICP					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
		team dsp	1	Office Trailer*		ICP					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
		team dsp	1	Office Trailer*		ICP					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
		team dsp	1	Office Trailer*		ICP					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
		team dsp	1	Office Trailer*		ICP					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>

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2. Request Jumber	Ordered Date/ Time	From To	Q T Y	RESOURCE REQUESTED	Needed Date/Time	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED	ETD ETA	RELEASED Date To		Time ETA
⋮		team	1	Office Trailer*		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
⋮		team	1	Office Trailer*		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
				* If office trailers not approved must order octagonal shelters with swamp coolers as Supply Item							<input type="checkbox"/>			<input type="checkbox"/>
⋮		team	1	Potable water tender, 2500 gallons; with bacteriological test (order only if shower unit truck cannot handle servicing caterer under intermittent use)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
⋮		team	1	Graywater tender, 2500 gallons		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
⋮		team	1	Whisper-Quiet Generator type 25+ KW, with electrician for hard wiring		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
⋮		team	1	Light Tree w/generator		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
⋮		team	1	Light Tree w/generator		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
⋮		team	1	Water Truck with spray bar for dust abatement (ICP and helibase)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>

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2. Request Number	Ordered Date/ Time	From To	Q T Y	RESOURCE REQUESTED	Needed Date/Time	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED	ETD ETA	RELEASED Date To		Time ETA
		team	1	ATV with Helmets		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
		team	1	ATV with Helmets		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
				Vehicles as follow are high priority if team is air mobilized. A minimum of 9 must be available for line resources when team arrives										
		team	1	Utility Vehicle		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp		(Blazer/Explorer type) 4x4; without driver							<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Utility Vehicle		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp		(Blazer/Explorer type) 4x4; without driver							<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Utility Vehicle		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp		(Blazer/Explorer type) 4x4; without driver							<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Utility Vehicle		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp		(Blazer/Explorer type) 4x4; without driver							<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Utility Vehicle		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp		(Blazer/Explorer type) 4x4; without driver							<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Pickup truck, full size 4x4; without driver		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Pickup truck, full size 4x4; without driver		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
		team	1	Pickup truck, full size 4x4; without driver		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>

2. REQUEST NUMBER		ORDERED DATE/TIME		2. INCIDENT/PROJECT NAME		3. INCIDENT/PROJECT ORDER NUMBER		4. OFFICE REFERENCE NUMBER					
EQUIPMENT													
2. REQUEST NUMBER	ORDERED DATE/TIME	FROM TO	Q T Y	RESOURCE REQUESTED	NEEDED DATE/TIME	DELIVER TO	TO FROM	TIME	AGENCY ID	RESOURCE ASSIGNED	ETD ETA	RELEASED DATE TO	TIME ETA
E-		team dsp	1	Pickup truck, full size 4x4; without driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Pickup truck, full size 4x4; without driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Pickup truck, full size 4x4; without driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Pickup truck, full size 4x4; without driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Pickup truck, full size 4x4; without driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Pickup truck, full size 4x4; without driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Pickup truck, full size 4x4; with driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Pickup truck, full size 4x4; with driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Pickup truck, full size 4x4; with driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Pickup truck, full size 4x4; with driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Pickup truck, full size 4x4; with driver		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	16 ft. or 18 ft. Ryder or U- haul Truck (without driver)		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	16 ft. or 18 ft. Ryder or U- haul Truck (without driver)		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Refrigerator Unit – truck or trailer with stairs or ramp		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Hand washing station 2- sink, w/hot water (for medical unit)		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Gator or Mule		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team dsp	1	Gator or Mule		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		team	1	Gator or Mule		ICP					<input type="checkbox"/>		<input type="checkbox"/>

2. REQUEST LUMBER		ORDERED DATE/TIME		2. INCIDENT/PROJECT NAME		3. INCIDENT/PROJECT ORDER NUMBER		4. OFFICE REFERENCE NUMBER						
local purchase		SUPPLIES												
2. Request Lumber	Ordered Date/Time	From	QTY	RESOURCE REQUESTED	Needed	Deliver To	To	Time	Agency ID	RESOURCE ASSIGNED	ETD	RELEASED		Time
		To			Date/Time		From				ETA	Date	To	ETA
3		dsp	50	Cases, 24/case, 16 oz. Bottled water (PRIORITY)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		team									<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
3		team	25	Cases, 24/case 16 oz. Sport drinks, assorted flavors (Propel preferred) (PRIORITY)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
3		team	400	Pounds cubed ice, 8-10 pound bags (PRIORITY)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
3		team	150	Sack lunches		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
3		team	10 ea	48 quart ice chests (PRIORITY)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
3		team	25 ea	Portable toilets, w/daily maintenance (Includes initial helibase needs)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
3		team	2 ea	30 YD dumpsters		ICP					<input type="checkbox"/>			<input type="checkbox"/>
3		team	20 ea	Cellular telephones w/local numbers, extra batteries, battery chargers, vehicle adaptors negotiable as needed)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
3		team	6 ea	Satellite Phones (if no cellular service)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
3		team	20 ea	Phone lines (if available and no cellphones)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>

RESOURCE ORDER		INITIAL DATE/TIME		2. INCIDENT/PROJECT NAME		3. INCIDENT/PROJECT ORDER NUMBER		4. OFFICE REFERENCE NUMBER						
local purchase SUPPLIES														
2. Request Number	Ordered Date/Time	From To	Q T Y	RESOURCE REQUESTED	Needed Date/Time	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED	ETD ETA	RELEASED Date To		Time ETA
5		team	10 ea	Original topo maps of fire area, scale 1:24,000 or 7.5 minutes		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
5		team	12 ea	Agency maps		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
5		team	1	Flip chart stand		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
5		team	1	Pad flip chart paper		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
5		team dsp	50 ea 1	Hand-wash disinfectant (sanitizer, NOT SOAP) Fuel Service, unleaded gas and diesel (must have small nozzles capable of filling autos) Must be available 0600-0900 hours and 1800-2100 hours. If fuel truck, must have ground cover under truck to avoid spills.		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		team dsp									<input type="checkbox"/>			<input type="checkbox"/>
5		Team	4 sh 12 ea	4' x 8' half inch plywood 8 foot 2 x 4s		ICP PIO					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
5		team	3 ea	Reams 8 1/2 x 11 pink paper		ICP FSC					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
5		team	2 bx	1/3 cut file folders, 100 per box		ICP FSC					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
5		team	3 bx	CD-R with jewel cases (25 per box)		ICP PSC					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
5		team	1 pkg	50 CD Labels		ICP					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>
5		team	24 ea	Blue pens		ICP FSC					<input type="checkbox"/>			<input type="checkbox"/>
		dsp									<input type="checkbox"/>			<input type="checkbox"/>

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local purchase SUPPLIES														
2. Request Number	Ordered Date/Time	From	Q T Y	RESOURCE REQUESTED	Needed	Deliver To	To	Time	Agency ID	RESOURCE ASSIGNED	ETD	RELEASED		Time
		To	Date/Time		From		ETA				Date	To	ETA	
				The following are for Organizing Documents (as required by Federal Records Center Standards)							<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
5		team dsp	3 ea	Stackable plastic storage bins with a hinged, interlocking lid, capable of accommodating standard hanging file folders (ICP 2 – FSC 1- ORDM					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
5		team dsp	1 pkg	8366 Avery Labels		ICP DOCL					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
5		team dsp	1 bx	Files, 100/BX		ICP FSC					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
5		team dsp	4 bx	Hanging Folders, 25/BX		ICP 4-FSC					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
5		team dsp	4 pkg	Hanging Folder Tabs, 3 1/2" (1/3 Cut, Clear) 25/BX		ICP FSC					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>
5		team dsp	3 ea	Plastic boxes with hanging file capability, letter size		ICP FSC					<input type="checkbox"/>			<input type="checkbox"/>
											<input type="checkbox"/>			<input type="checkbox"/>

RESOURCE ORDER OVERHEAD				INITIAL DATE/TIME		2. INCIDENT/PROJECT NAME				3. INCIDENT/PROJECT ORDER NUMBER				4. OFFICE REFERENCE NUMBER							
5. DESCRIPTIVE LOCATION/RESPONSE AREA						6. SEC.		TWN		RNG		Base MDM		8. INCIDENT BASE/PHONE NUMBER				9. JURISDICTION/AGENCY			
						7. MAP REFERENCE						10. ORDERING OFFICE									
11. AIRCRAFT INFORMATION						LAT.						LONG.									
BEARING		DISTANCE		BASE OR OMNI		AIR CONTACT		FREQUENCY		Ground Contact		FREQUENCY		RELOAD BASE		OTHER AIRCRAFT HAZARDS					
2. Request Number	Ordered Date/Time	From To	QTY	RESOURCE REQUESTED	Needed Date/Time	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED	ETD ETA	RELEASED Date To		Time ETA							
)		team	1	Safety Officer (SOF2)		ICP					<input type="checkbox"/>			<input type="checkbox"/>							
		dsp									<input type="checkbox"/>			<input type="checkbox"/>							
)		team	1	Safety Officer (SOF2)		ICP					<input type="checkbox"/>			<input type="checkbox"/>							
		dsp									<input type="checkbox"/>			<input type="checkbox"/>							
)		team	1	Human Resource Advisor (HRSP) (if over 250 people)		ICP					<input type="checkbox"/>			<input type="checkbox"/>							
		dsp									<input type="checkbox"/>			<input type="checkbox"/>							
)		team	1	Union Representative (if over 300 people)		ICP					<input type="checkbox"/>			<input type="checkbox"/>							
		dsp									<input type="checkbox"/>			<input type="checkbox"/>							
)		team	1	Type 3 PIO, Trainees okay, local if possible		ICP					<input type="checkbox"/>			<input type="checkbox"/>							
		dsp									<input type="checkbox"/>			<input type="checkbox"/>							
)		team	1	Type 3 PIO, Trainees okay, local if possible		ICP					<input type="checkbox"/>			<input type="checkbox"/>							
		dsp									<input type="checkbox"/>			<input type="checkbox"/>							
)		team	1	Base Camp Manager (BCMG)		ICP					<input type="checkbox"/>			<input type="checkbox"/>							
		dsp									<input type="checkbox"/>			<input type="checkbox"/>							
)		team	1	Base Camp Manager (BCMG)		ICP					<input type="checkbox"/>			<input type="checkbox"/>							
		dsp									<input type="checkbox"/>			<input type="checkbox"/>							
											<input type="checkbox"/>			<input type="checkbox"/>							
)		team	1	Communication Technician (COMT) 1 trainee OK		ICP					<input type="checkbox"/>			<input type="checkbox"/>							
		dsp									<input type="checkbox"/>			<input type="checkbox"/>							
)		team	1	COTR (when national caterer/shower unit ordered)		ICP					<input type="checkbox"/>			<input type="checkbox"/>							
		dsp									<input type="checkbox"/>			<input type="checkbox"/>							

RESOURCE ORDER OVERHEAD				INITIAL DATE/TIME	2. INCIDENT/PROJECT NAME	3. INCIDENT/PROJECT ORDER NUMBER	4. OFFICE REFERENCE NUMBER							
2. Request Jumber	Ordered Date/ Time	From To	Q T Y	RESOURCE REQUESTED	Needed Date/Time	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED	ETD ETA	RELEASED Date To		Time ETA
1						ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		team	1	Equipment Manager (EQPM)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		dsp									<input type="checkbox"/>			<input type="checkbox"/>
1		team	1	Equipment Manager (EQPM)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		dsp									<input type="checkbox"/>			<input type="checkbox"/>
1		team	1	EMTP *		ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		dsp									<input type="checkbox"/>			<input type="checkbox"/>
1		team	1	EMTP *		ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		dsp									<input type="checkbox"/>			<input type="checkbox"/>
1		team	1	EMTB or EMTI (Line Qualified) *		ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		dsp									<input type="checkbox"/>			<input type="checkbox"/>
1		team	1	EMTB or EMTI (Line Qualified) *		ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		dsp									<input type="checkbox"/>			<input type="checkbox"/>
1				*all w/4x4 – Transportation and Basic Medical Equipment (Including BLS Gear) one of the EMTB or EMTIs should be female if available							<input type="checkbox"/>			<input type="checkbox"/>
1		team	1	EMT (I or B), does not need to be line qualified		ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		dsp									<input type="checkbox"/>			<input type="checkbox"/>
1		team	1	Food Unit Leader (FDUL)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		dsp									<input type="checkbox"/>			<input type="checkbox"/>
1		team	1	Incident Communications Manager (INCM)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		dsp									<input type="checkbox"/>			<input type="checkbox"/>
1		team	1	Ordering Manager (ORDM)		ICP					<input type="checkbox"/>			<input type="checkbox"/>
1		dsp									<input type="checkbox"/>			<input type="checkbox"/>
1						ICP					<input type="checkbox"/>			<input type="checkbox"/>
1											<input type="checkbox"/>			<input type="checkbox"/>

RESOURCE ORDER OVERHEAD				INITIAL DATE/TIME	2. INCIDENT/PROJECT NAME		3. INCIDENT/PROJECT ORDER NUMBER			4. OFFICE REFERENCE NUMBER				
2. Request Number	Ordered Date/ Time	From To	Q T Y	RESOURCE REQUESTED	Needed Date/Time	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED	ETD ETA	RELEASED Date To		Time ETA
1		team dsp	1	Receiving and Distribution Manager (RCDM)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
2		team dsp	1	Receiving and Distribution Manager (RCDM)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
3		team dsp	1	Radio Operator (RADO)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
4		team dsp	1	Radio Operator (RADO)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
5		team dsp	1	Security Manager (SECM)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
6		team dsp	1	Security Specialist 2 (SEC2)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
7		team dsp	1	Security Specialist 2 (SEC2)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
8		team dsp	1	Security Specialist 2 (SEC2)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
9		team dsp	1	Field Observer (FOBS)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
10		team dsp	1	Field Observer (FOBS)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
11		team dsp	1	Field Observer (FOBS)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
12		team dsp	1	Field Observer (FOBS)		ICP					<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>

RESOURCE ORDER		INITIAL DATE/TIME		2. INCIDENT/PROJECT NAME		3. INCIDENT/PROJECT ORDER NUMBER		4. OFFICE REFERENCE NUMBER					
OVERHEAD													
2. Request Number	Ordered Date/Time	From To dsp	Q T Y	RESOURCE REQUESTED	Needed Date/Time	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED	ETD ETA	RELEASED Date To	Time ETA
1		team	1	Incident Meteorologist (IMET)		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>
2		team	1	Equipment Time Recorder (EQTR).		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>
3		team	1	Personnel Time Recorder (PTRC)		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>
4		team	1	Procurement Unit Leader (PROC)		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>
5		team	1	Task Force Leader (TFLD)		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>
6		team	1	Task Force Leader (TFLD)		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>
7		team	1	Air Tactical Group Supervisor (ATGS) (do not duplicate – platform is requested under Aircraft orders. One total ATGS with platform is needed.)		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>
8		team	1	ATGS trainee		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>
9		team	1	Helibase Manager 2 (HEB2)		ICP					<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>
		dsp									<input type="checkbox"/>		<input type="checkbox"/>

